	POSITION	INITIALS	ID NO.	DATE	*
		10		5/04/	- m _V
4		m.0		1/00	
	O.I.P.E.CLASSIFIER FORMALITY REVIEW		5	6-2-00	
	RESPONSE FORMALITY REVIEW	1 1	16115	8-11-5	
	THE OTHER PORTION HEVIEW	_ <i>U4</i>	44 GUD	0-11-00	
		INDEX OF C	LAIMS	~	
	<u>۷</u>		N	Non-elected	
	=	Aliowed	I A		
	÷		A O		- 335
			Pate C	Claim Date	
	2 22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	Original Original		Original	
		Final Origin		Origir	
	2 1 1	51 52	+++++	101	
	3 7 7 7 7	53	╅╅┼┼┼┼	102	++18.35
	5	54		104	
		55	+++++	105	
		57	 	106	++1/
	9 (1)	58		108	
		60	 	110	
	NANAHA	61	 	111	+++1
	12	62		112	
	14	63	+++++	113	
	15	65	 	114	++1/*/
	16	66		116	
		68		117	
	19/1/1/1/1/1/19	69	 	118	
	20	70		120	111
	21:	71 72		121	
	23	73	 	122	
	24	74		124	+++
	25 26 26	75		125	
	27	76		126	
	28	78		128	+++
	30	79		129	
	31	81		130	
	2	82		132	+++
	4	83		133	
	5	85		134	
	7	86		136	
	╗┡╒╒┋╒┋┋┋	87 88 S		137	
		89		38	
		90		39 40	
		91	85		
	, , , , , , , , , , , , , , , , , , , 	92 93			.E COPY
		94		43	
		95		45	
	╄╼┧═╁═╁═╁═╁═┧═╽ ╌╏	96	14	46	
		97		47	
		99		48 49	
		00	15		

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)